# Supplemental Application Data Sheet

Application Information

Application Number:: 10/579,675

Filing Date:: May 18, 2006

Application Type:: National Stage

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: 3-AMINOPYRROLIDONE DERIVATIVES

Attorney Docket Number:: 2503-1214

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

### Applicant Information

Applicant One Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: FLORIAN

Middle Name::

Family Name:: THALER

Name Suffix::

City of Residence:: BRESSO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA L. ARIOSTO, 21

Address::

City of Mailing Address:: BRESSO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Applicant <u>Two</u> Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: CIBELE Middle Name:: MARIA

Family Name:: SABIDO DAVID

Name Suffix::

City of Residence:: BRESSO

State or Province of

Residence::

Country of Residence:: ITALY PORTUGAL

Street of Mailing VIA L. ARIOSTO, 21

Address::

City of Mailing Address:: BRESSO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Applicant Three Authority Inventor

Type::

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: SARA

Middle Name::

Family Name:: MAESTRONI

Name Suffix::

City of Residence:: BRESSO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA L. ARIOSTO, 21

Address::

City of Mailing Address:: BRESSO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Applicant Four Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: LUCA

Middle Name:: FRANCESCO

Family Name:: RAVEGLIA

Name Suffix::

City of Residence:: BRESSO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA L. ARIOSTO, 21

Address::

City of Mailing Address:: BRESSO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Applicant Five Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: PATRICIA

Middle Name::

Family Name:: SALVATI

Name Suffix::

City of Residence:: BRESSO

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA L. ARIOSTO, 21

Address::

City of Mailing Address:: BRESSO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

# Correspondence Information

Correspondence Customer

Number::

00466

166

# Representative Information

Representative Customer	00466	
Number::		

# Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/EP2004/012957	11/16/04

#### Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
EUROPE	03026779.3	11/21/03	Yes

# Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::